

County: Wayne
 Permit #: 0205
 Driller: Gilbert Carr
 Date drilling completed: 5/18/07

State Well Report

Part 1 - Driller's Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: C-67
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name: <u>Thomas Dubose</u>	Latitude: <u>N 31° 47' 128"</u> Longitude: <u>088° 40' 605"</u>
Mailing Address: <u>#10 Hays Springs Rd</u> <u>Waynesboro MS 39367</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS <u>222</u> <u>SE 1/4 SE 1/4 Sec 34 Twn 10N Rng 7W</u>
City: _____ State: _____ Zip Code: _____	Distance: <u>1</u> Miles Direction: <u>north</u> of Nearest Town: <u>Boyce</u>
Telephone No. <u>251 479 6469</u>	

Well / Borehole Data

Date drilling started: 5/16/07 Date drilling completed: 4/18/07 Hole depth: 200 Hole diameter: 6 3/4

Location of the source of any surface water used for drilling: 2200 gal well water
 Method of dosing and volume of Chlorine used in drilling and development: 8 oz HTH in tanks

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 75 feet above or below (circle one) land surface Date measured: 4/18/07

Method of Measurement (circle one) steel tape electric tape _____ air line _____ other: _____

Well depth: 200 Well grouted to a depth of 20 feet Type of grout (circle one): Neat Cement _____ Bentonite _____ Mix _____

Casing length: 128 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC

Screen slot size: 8 inches Setting depth: From 128 feet to 189 feet


Type of completion (circle all applicable): Cased packed Underreamed Telescoped Open hole Natural Development
SD
 Other (describe): _____

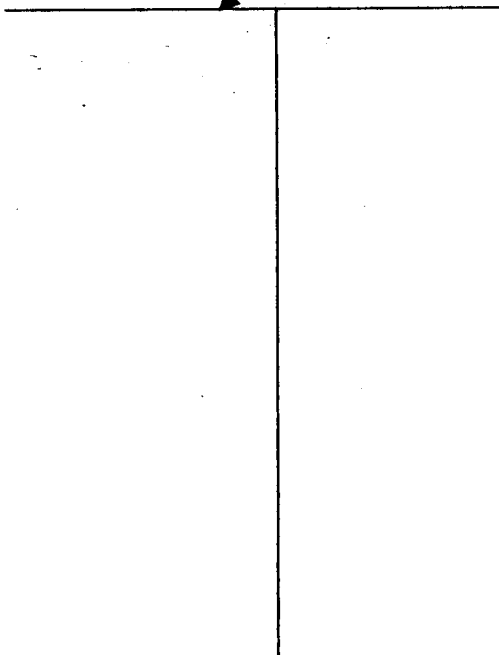
Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

C-67

The sketch below only required for water wells

If well telescopes, show depths on sketch.

Ground Level 



Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
	Ground Level	
FILL DIRT	0	2
TOP SOIL	2	4
Pink+white CLAY	4	16
Yellow SD	16	21
GRAY CLAY	21	61
ROCK STRATONS+R CLAY	61	105
GRAY CLAY	105	163
ROCK	163	164
GRAY CLAY	164	168
SANDY GRAY CLAY	168	174
ROCK	174	175
SANDY BLUE CLAY	175	180
ROCK	180	184
Fine BLUE SAND	184	191
ROCK	191	193
Fine to med GRAY SD	193	198
ROCK	198	200

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.

Hwy 45 North 1 mile north Boyce Right on
 HAYS SPINK RD FIRST HS ON LEFT
 #10

Landowner Name: THOMAS DUBOSE

Form: OLWR-SWR-1A

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

GILBERT CARR 5-18-07 Gilbert Carr
 Print Name of Responsible Licensee and License No. Date Signature of Licensee

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

County: Wayne
 Permit #: 0205
 Driller: Gilbert Carr
 Date completed: 5/18/07
Copy information from block on Part 1

For Office Use Only:

Aquifer: _____
 Well #: C-67
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information	Well Location
Owner Name: <u>Thomas Dubose</u>	Latitude: <u>N 31° 47' 28</u> Longitude: <u>W 88° 40' 65</u>
Mailing Address: <u>#10 Hayes Spinn Rd</u>	Method of Lat/Long (check one): Conventional Survey _____
<u>Waynesboro MS 39367</u>	USGS quad <u>Hand-held GPS</u> , Survey-grade GPS _____
City State Zip Code	<u>1/4 NE 1/4 Sec 34 T10N R 7W</u>
Telephone No. () _____	Distance Direction Nearest Town
	<u>1 Miles north of Boyce</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston Turbine	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary Flowing Well	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>1</u>
Date Pump Installed: <u>5/18/07</u>	Setting Depth: <u>140</u> feet
Rated Pump Capacity: <u>19</u> Gallons Per Minute	Number of Stages: <u>7</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>5/18/07</u>	Air Line Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): <u>75</u> Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>140</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: <u>120</u> Feet Below Land Surface	Well yielded _____ GPM with a drawdown of
Test Pumping Rate: <u>40</u> Gallons Per Minute	_____ feet after _____ hours of pumping
Duration of Pump Test (minimum 4 hours): <u>4 1/2</u> hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Gilbert Carr 0205 Gilbert Carr
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer